Vendor Registration, Housing, and Meals

Dr.	Prof.	Mr.	Ms.			
First Name		Initia	1	Last Name		
Organization						
Address						
City		State/Province/NA		Zip	Zip	
Country		Phone Number		Fax Num	Fax Number	
Email Address						
Citizenship:	U.S.	Non-U.S.	If not a U.S. citizen, ple	ease note visa status:		
Conference Re	gistration					
Table	C	tration for one pers	on		\$1500.00 \$750.00	
Number of addi	ttional nontecnn	ical registrations:		Total Registration \$	×\$200	
Housing and N	leals: Clark Ke	rr Campus, Stando	ırd Package (Payment du	e July 1, 2000)	Early Arrival:	
Six nights (Monday night through Sunday morning), five full days of meals (Monday dinner					Extra Night's Lodging,	
through Saturda Please note: No		mitted inside the co	onference facilities. All cost	s below are per person.	Sunday Only	
-		d room for two peo \times 6, meals at \$32/d	ople, shared bath along ay × 5	\$352.00	+\$32.00	
		person in room for to 6, meals at \$32/da	wo people, shared bath alony × 5	ng \$448.00	+\$48.00	
-		two people in each meals at \$32/day	n, common living room and	\$370.00	+\$35.00	
-		one person in each meals at \$32/day ×	n, common living room and 5	\$490.00	+\$55.00	
Off site				\$0.00	+\$0.00	
				ourself and any companions,		
		to	r wnom you wish to rese	rve these housing options: $ imes$ Total Housing $\$$		
			Tatal	Registration and Housing \$		

Gender Male Female		
Personal Housing Arrangements		
If you are bringing one or more companions, please indicate their full name(s):		
If you have roommate preferences, please indicate the name(s):		
Please indicate whether you have any handicap that requires special housing arrangements, and if so what	t kind:	
Commuter Package, Meals Only (Payment due July 1, 2000)		
For participants staying elsewhere who wish to commute to the conference, please choose one of the followite: You must select either Full Meals or Lunches Only if you are not staying on site.	owing option	ns.
Full Meals: 5 Days Lunches Only: 5 Days Staying on Site		\$160.00 \$90.00 \$0.00
Parking Five days reserved parking in advance		\$25.00
No advance parking		\$0.00
Proceedings (to be published in the Journal of Electron Spectroscopy)		# 00.00
Hard Cover Soft Cover No Proceedings		\$90.00 \$80.00 \$0.00
Tee Shirt Although payment is not required at present, please indicate whether you would like to purchase a tee shirt with a large, color version of the ICESS8 logo on it, at approximately \$9.		Yes No Maybe
Total Registration and Housing (from other side) \$ _		
Payment Type (Required) Check Bank Transfer		

Mail your check (drawn on a US bank, payable to "Regents of the University of California/ICESS") or bank transfer verification to Trisha Koplin
Depart. of Physics/ICESS
University of California at Davis
One Shields Avenue
Davis, CA 95616

Bank (wire) transfers should be routed to
Bank of America
Attention: Terry Peach
1850 Gateway Blvd.
Concord, CA 94520
Account # 12337-14115
Routing # 121000358
Trisha Koplin/ICESS/on behalf of [insert your name]